

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035542
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 375

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 8 1963

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON CITY		c. CITY OR TOWN Russellville MO	
c. FULL NAME OF (If NOT in hospital, give location) CHASE STILL Hosp		d. STREET ADDRESS RR 2	
3. NAME OF DECEASED (Type or print) ANNIE L. SHIKLES		4. DATE OF DEATH Month 9 Day 20 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-8-1908
9. AGE (last birthday) 55	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) MONTEANA CO. MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ALUIE JONES		13b. MOTHER'S MAIDEN NAME EDITH GOREH	
14. NAME OF HUSBAND OR WIFE Lloyd Shikles		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Lloyd Shikles Russellville MO	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremi DUE TO (b) Bilateral nephros - Calcari DUE TO (c) Unilateral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 24 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Russellville MO		
21. I attended the deceased from 9-6-63 to 9-20-63 and last saw her alive on 9-20-63 Death occurred at 6:30 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. M. Eberhart (Degree or title) D.O.		22b. ADDRESS Russellville MO	
22c. DATE SIGNED 9-21-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 9/22/63		23c. NAME OF CEMETERY OR CREMATORY ENVOE CEMETERY	
23d. LOCATION (City, town, or county) Russellville MO		23e. DATE RECD. BY LOCAL REG. 2 October 1963	
23f. REGISTRAR'S SIGNATURE Thornas E Richter		23g. FUNERAL DIRECTOR Steffens Funeral Service	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

0270201011

OCT 29 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *G. M. Steffensen*

Licensed Embalmer No. 2307

P. O. Address Russell Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.